

PURSUANT TO YOUR HEALTH CARE ORDER, YOU MUST PROVIDE VERIFICATION TO THE CHILD SUPPORT ENFORCEMENT AGENCY. FAILURE TO DO SO MAY RESULT IN A FINDING OF CONTEMPT. FAILURE TO COMPLY WITH THE HEALTH CARE ORDER MAY RESULT IN ADDITIONAL PENALTIES AS WELL. RETURN THIS FORM TO:

HAMILTON COUNTY ENFORCEMENT AGENCY  
222 E. CENTRAL PARKWAY  
CINCINNATI, OHIO 45202-1332

**OR**  
ATTACH TO YOUR DECREE OR AGREED ENTRY

\_\_\_\_\_  
Plaintiff / Petitioner ( ) Obligor ( ) Obligee

-vs/and-

\_\_\_\_\_  
Defendant / Petitioner ( ) Obligor ( ) Obligee

Date\_\_\_\_\_

Case No.\_\_\_\_\_

File No.\_\_\_\_\_

CSEA No.\_\_\_\_\_

Judge\_\_\_\_\_

**HEALTH CARE VERIFICATION (C.S.E.A.)**

( ) Obligor ( ) Obligee

( ) Attorney

Ins. Policy No.\_\_\_\_\_

Insurer:\_\_\_\_\_

Whereas, \_\_\_\_\_(obligor/obligee) is ordered to obtain/maintain health coverage for the minor child(ren) and whereas O.R.C. §3119.31 imposes verification requirements upon the above named person, \_\_\_\_\_(obligor/obligee) hereby swears under penalty of contempt as follows:

(1) I have obtained/am maintaining health insurance coverage as ordered. Said coverage is in full force and effect.

(2) I have sent or will send contemporaneous with this affidavit, a copy of the health care order to the insurer.

(3) (Obligor Only) - I have supplied Obligee with: a) insurance forms necessary to receive payment, reimbursement or other benefits; b) necessary insurance cards, and c) information regarding the benefits, limitations, and exclusions of the health insurance coverage.

\_\_\_\_\_  
Affiant

Sworn to before me and subscribed in my presence by \_\_\_\_\_ this

(Obligor/Obligee)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\*\*\*\*\* VERIFICATION \*\*\*\*\*

Attorneys for Obligor and Obligee agree that the requirements of O.R.C. §3119.31 have been met and that notification to the Child Support Enforcement Agency is not required.

\_\_\_\_\_  
Attorney for Obligor

\_\_\_\_\_  
Attorney for Obligee